



# IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
FAX 208-364-1888

September 10, 2007

Kim Dahlman, Administrator  
Lost Rivers District Hospital  
P.O. Box 145  
Arco, ID 83213

RE: Lost Rivers District Hospital, provider #131324

Dear Mr. Dahlman:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Lost Rivers District Hospital, on August 28, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

FILE COPY

Kim Dahlman, Administrator  
September 10, 2007  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by September 24, 2007, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Taylor Barkley". The signature is stylized with a large initial "T" and a long, sweeping underline.

TAYLOR BARKLEY  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

TB/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131324	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____		(X3) DATE SURVEY COMPLETED  08/28/2007
NAME OF PROVIDER OR SUPPLIER  LOST RIVERS DISTRICT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 551 HIGHLAND DRIVE, P O BOX 145 ARCO, ID 83213			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
K 000	INITIAL COMMENTS  The original hospital building is a single story structure with a partial finished basement, was constructed in 1959, and occupied in 1960. The basement walls are concrete on the perimeter; bearing interior walls are cinderblock; and, non-bearing interior walls are wood stud with lathe and plaster. The floor ceiling assembly is wood with plaster. The main level exterior walls are cinderblock with brick. Interior walls are a combination of cinderblock/plaster and wood/plaster. The roof system is composite build-up with wood trusses. There is a single smoke zone on each level. There are three (3) exits on the main level; one (1) being a horizontal exit to the physically attached but two (2) hour separated Long Term Care Facility. The entire basement level of the 1960 building is protected throughout by an automatic sprinkler system. The fire alarm system was new in 2003; is addressable; and, includes smoke detection throughout most rooms on the main level.  The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on August 28, 2007. The facility was surveyed under the Life Safety Code 2000 Edition, Existing Health Care Occupancy adopted March 11, 2003. In accordance with CFR 42, 485.623.  The surveyor conducting the survey was:  Taylor Barkley Health Facility Surveyor Fire/Life Safety and Construction	K 000			
K 017	NFPA 101 LIFE SAFETY CODE STANDARD  Corridors are separated from use areas by walls	K 017			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

CFO

10-2-07

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

PRINTED: 03/10/2007  
FORM APPROVED  
OMB NO. 0938-0391

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE HOSPITAL</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/28/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>LOST RIVERS DISTRICT HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>551 HIGHLAND DRIVE, P O BOX 145 ARCO, ID 83213</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
K 025	Continued From Page 2  protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4  This Standard is not met as evidenced by: Based on observation it was determined that the facility failed to maintain the smoke barriers of the building in a state to resist the passage of smoke.  Findings include:  1. During a facility tour on August 28, 2007 at 9:38 AM, observation of the payroll office revealed a hole approximately five inches in size in the wall. The hole was created for piping to pass through and had not been sealed. This was observed by the surveyor and the maintenance supervisor.  2. During a facility tour on August 28, 2007 at 11:15 AM, observation of patient room #102 revealed a hole approximately two feet by two feet in size in the wall of the closet. Maintenance staff stated they did not know why the opening had been created. This was observed by the surveyor and the maintenance supervisor.  3. During a facility tour on August 28, 2007 at 11:25 AM, observation of the x-ray room revealed a hole approximately six inches in size in the wall. The hole was created for piping to pass through and had not been sealed. This was observed by the surveyor and the	K 025	Holes were filled with non-flammable cement  Patched hole with sheet rock  Patched with non-flammable cement	10/02/07  9/27/07  9/28/07	

PRINTED: 08/10/2001  
FORM APPROVED  
OMB NO. 0938-0391

FORM CMS-2567(02-99) Previous Versions Obsolete

PRINTED: 05/10/2001  
FORM APPROVED  
OMB NO. 0938-0391

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE HOSPITAL</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2007</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER  <b>LOST RIVERS DISTRICT HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>551 HIGHLAND DRIVE, P O BOX 145 ARCO, ID 83213</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 050	Continued From Page 5  An examination of the facility's fire drill records on August 28, 2007 at 8:40 AM, revealed that no second shift fire drills had been held during the previous twelve months. All findings were witnessed and noted by Maintenance Supervisor and Surveyor.	K 050	Fire drills held on both day and second shifts, with employee sign sheets held in Human resources Office	10/2/07
K 070	NFPA 101 LIFE SAFETY CODE STANDARD  Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8  This Standard is not met as evidenced by: Based on observation the facility did not ensure that portable space heaters were prohibited in the facility.  Findings include:  1. During the tour of the facility on August 28, 2007 at 11:28 AM, observation of the Nursing Directors office revealed a portable space heater. This was observed by the surveyor and the maintenance supervisor.  2. During the tour of the facility on August 28, 2007 at 11:29 AM, observation of the front entry office revealed a portable space heater. This was observed by the surveyor and the maintenance supervisor.  3. During the tour of the facility on August 28,	K 070	Space heater removed and employee informed not to have it in the office.  Space heater removed and employee informed not to have it in the office	8/29/07  8/29/07



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/10/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE HOSPITAL</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/28/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>LOST RIVERS DISTRICT HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>551 HIGHLAND DRIVE, P O BOX 145 ARCO, ID 83213</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
K 070	Continued From Page 6  2007 at 11:40 AM, observation of the OB Suite revealed a portable space heater. This was observed by the surveyor and the maintenance supervisor.	K 070	Space Heater removed and employee informed not to have in office.	8/29/07	
K 074	NFPA 101 LIFE SAFETY CODE STANDARD  Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.  Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13  Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3  This Standard is not met as evidenced by: Based on observations and staff interview, it was determined the facility had not ensured that curtains and or draperies were flame resistant.  The findings include:  During the facility tour on August 28, 2007, observation of the privacy curtains in in the following rooms revealed that the curtains were	K 074			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE HOSPITAL</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/28/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>LOST RIVERS DISTRICT HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>551 HIGHLAND DRIVE, P O BOX 145 ARCO, ID 83213</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
K 074	Continued From Page 7  not tagged as being flame retardant and the facility could not produce documentation that a flame retardant solution had been applied to the curtains. The following rooms observed are as follows; Resident room #'s 100, 101, and 102. This was observed by the surveyor and the maintenance supervisor.	K 074	Flame retardent spray ordered and will be sprayed on all curtains	10/2/07	
K 106	NFPA 101 LIFE SAFETY CODE STANDARD  Hospitals, and nursing homes and hospices with life support equipment, have a Type I Essential Electrical System powered by a generator with a transfer switch and separate power supply. The EES is in accordance with NFPA 99, 3.4.2.2, 3.4.2.1.4.  This Standard is not met as evidenced by: Based on observations and staff interview, it was determined the facility had not ensured that their Emergency Electrical System Alarm Annunciator was in accordance with NFPA 99.  NFPA 99, 3-4.1.1.15 (Alarm Annunciator) States that an annunciator shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location.  Findings include:  An examination of the facility's generator alarm	K 106			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/10/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE HOSPITAL</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>LOST RIVERS DISTRICT HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>551 HIGHLAND DRIVE, P O BOX 145 ARCO, ID 83213</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 106	Continued From Page 8  annunciator on August 28, 2007 at 11:55 AM, revealed that it was located in a storage room that was also used as an office for staff. The staff present in the office stated that they were present during daytime working hours and went home at 5:00 PM every day. After 5:00 PM the door is locked and no other staff members worked in that area again until they returned the next day. Maintenance staff stated there was no other annunciator located in the facility.  All findings were witnessed and noted by Maintenance Supervisor and Surveyor.	K 106	Annunciator to be relocated by Licensed Electrician	
K 130	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786  This Standard is not met as evidenced by: Where alcohol based hand rub dispensers are installed in a corridor: The corridor is at least 6 feet wide. The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) The dispensers shall have a minimum spacing of 4 feet from each other Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet Dispensers are not installed over or adjacent to an ignition source If the floor is carpeted, the building is fully sprinklered. 19.3.2.7 CFR 403.744, 418.100 460.72, 482.41, 483.70, 483.623, 485.623  Based on observations, it was determined the facility had not ensured compliance with this	K 130		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/18/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE HOSPITAL</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/28/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>LOST RIVERS DISTRICT HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>551 HIGHLAND DRIVE, P O BOX 145 ARCO, ID 83213</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
K 130	Continued From Page 9  requirement.  The findings include:  During the facility tour on August 28, 2007 at 9:35 AM, observation of the Laundry folding room revealed an alcohol based hand rub dispenser installed above an outlet. This was observed by the surveyor and the maintenance supervisor.	K 130	Dispenser relocated away outlet	9/18/07	
K 147	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This Standard is not met as evidenced by: Based on observation, it was determined that the facility failed to ensure compliance with electrical safety regulations.  Findings included:  1. During the facility tour on August 28, 2007 at 9:18 AM, observation of the Maintenance shop revealed an extension cord powering a light. This was observed by the surveyor and the maintenance supervisor.  2. During the facility tour on August 28, 2007 at 11:37 AM, observation of the Nurses station revealed a multiple electrical adapter in use. This was observed by the surveyor and the maintenance supervisor.  3. During the facility tour on August 28, 2007 at 9:50 AM, observation of the Elevator equipment room revealed a large amount of combustible	K 147	Removed extension cord          Removed adapter	8/29/07          8/29/07	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE HOSPITAL</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>LOST RIVERS DISTRICT HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>551 HIGHLAND DRIVE, P O BOX 145 ARCO, ID 83213</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 147	Continued From Page 10  items such as cardboard boxes stacked up against the electrical panels. This was observed by the surveyor and the maintenance supervisor.	K 147	Removed combustible materials	9/19/07

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131324	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED  08/28/2007
NAME OF PROVIDER OR SUPPLIER  LOST RIVERS DISTRICT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 551 HIGHLAND DRIVE, P O BOX 145 ARCO, ID 83213		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 000	<p>16.03.14 Initial Comments</p> <p>The original hospital building is a single story structure with a partial finished basement, was constructed in 1959, and occupied in 1960. The basement walls are concrete on the perimeter; bearing interior walls are cinderblock; and, non-bearing interior walls are wood stud with lathe and plaster. The floor ceiling assembly is wood with plaster. The main level exterior walls are cinderblock with brick. Interior walls are a combination of cinderblock/plaster and wood/plaster. The roof system is composite build-up with wood trusses. There is a single smoke zone on each level. There are three (3) exits on the main level; one (1) being a horizontal exit to the physically attached but two (2) hour separated Long Term Care Facility. The entire basement level of the 1960 building is protected throughout by an automatic sprinkler system. The fire alarm system was new in 2003; is addressable; and, includes smoke detection throughout most rooms on the main level.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on August 28, 2007. The facility was surveyed under the LIFE SAFETY CODE, 1985 Edition, Existing Health Care Occupancy, in accordance with IDAPA 16.03.14.</p> <p>The Survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Fire/Life Safety and Construction</p>	B 000	<p>RECEIVED</p> <p>OCT 05 2007</p> <p>FACILITY STANDARDS</p>	
BB161	<p>16.03.14.510 Fire and Life Safety Standards</p> <p>Buildings on the premises used as a hospital shall meet all the requirements of local, state,</p>	BB161		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131324	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____		(X3) DATE SURVEY COMPLETED  08/28/2007
NAME OF PROVIDER OR SUPPLIER  LOST RIVERS DISTRICT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 551 HIGHLAND DRIVE, P O BOX 145 ARCO, ID 83213		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
BB161	Continued From Page 1  and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by: Refer to the following Federal tags on CMS 2567:  1. K017 Smoke resistance of corridor walls.  2. K025 Smoke barriers.  3. K029 Protection of hazardous areas.  4. K050 Fire Drills.  5. K070 Portable space heating devices prohibited.  6. K074 Flame resistance of curtains/draperies.  7. K106 Alarm annunciator for generator.  8. K147 Extension cords and multiple electrical adapters.  9. K130 Alcohol hand rub dispensers above ignition source.	BB161			